

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 24, 2009
Secretary of State**

DOCUMENT# N04000006691

Entity Name: DORAL VINEYARD CHRISTIAN FELLOWSHIP, INC.

Current Principal Place of Business:

7570 N. W. 113TH PATH
MIAMI, FL 33178 US

New Principal Place of Business:

4007 NW 79 AV
MIAMI, FL 33166 US

Current Mailing Address:

7570 N. W. 113TH PATH
MIAMI, FL 33178 US

New Mailing Address:

4007 NW 79 AV
MIAMI, FL 33166 US

FEI Number: 20-1345147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOMEZ, RAFAEL J
7570 N.W. 113TH PATH
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GOMEZ, RAFAEL J
Address: 7570 N. W. 113TH PATH
City-St-Zip: MIAMI, FL 33178 US

Title: D () Delete
Name: ALBANESE, CAROL
Address: 6365 SW 30 ST
City-St-Zip: MIAMI, FL 33155 US

Title: DS () Delete
Name: MILLER, BILL
Address: 6121 N. W. 176 TERRACE
City-St-Zip: MIAMI, FL 33015 US

Title: DT () Delete
Name: SALAZAR, LUIS F
Address: 14201 SW 57 LANE
City-St-Zip: MIAMI, FL 33101 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL ALBANESE

D

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date